


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 050 ***150.00

DOCUMENT # P92000008862

1. Entity Name
KEY INTERNATIONAL, INC.




Principal Place of Business 848 BRICKELL AVENUE PENTHOUSE I MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 1000 MIAMI, FL 33143-5198
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2. Principal Place of Business 848 Brickell Ave	3. Mailing Address 848 Brickell Ave
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700

City & State Miami FL	City & State Miami FL
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Zip 33131	Country USA	Zip 33131	Country USA
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01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 25 SE 2ND AVE #900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B Coral Gables FL Zip Code 33134
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **Rene V. Murai** **4/18/05**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL STE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, INIGO 848 BRICKELL STE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **Jose Ardid** **4/18/05** **305-377-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #